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Technology Center 2100

PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 1274-024G

First Named Inventor Carl H. Knowles

COMPLETE IF KNOWN

Application Number 09/ 346,859

Filing Date July 2, 1999

Group Art Unit 2776

Examiner Name To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Automatic Laser Scanning System and Method of Reading Bar Code Symbols Using Same

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 07/02/1999 as United States Application Number or PCT International

Application Number 09/346,859 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
07/761,123	09/17/91	2800 111 25

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Steven R. Bartholomew, Esq.	34,771		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

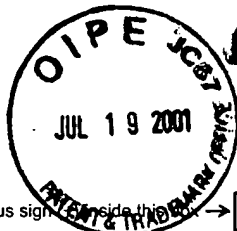
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Steven R. Bartholomew, Esq.				
Address	60 East 42nd Street				
Address	41st Floor				
City	New York	State	NY	ZIP	10165
Country	USA	Telephone	212 551 5000 Ext. 4102	Fax	212 949 9623

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Carl H.		Knowles			
Inventor's Signature				Date	6/21/01
Residence: City	Moorestown	State	NJ	Country	USA
Post Office Address	425 East Linden Street				
Post Office Address					
City	Moorestown	State	NJ	ZIP	08057
				Country	USA

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
George B.				Rockstein			
Inventor's Signature						Date	6/27/01
Residence: City	Audubon	State	NJ	Country	USA	Citizenship	USA
Post Office Address							
210 Princeton Road							
Post Office Address							
City	Audubon	State	NJ	ZIP	08106	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David M.				Wilz, Sr.			
Inventor's Signature						Date	6/27/01
Residence: City	Sewell	State	NJ	Country	USA	Citizenship	US
Post Office Address							
10 Orion Way							
Post Office Address							
City	Sewell	State	NJ	ZIP	08080	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Stephen J.				Colavito			
Inventor's Signature						Date	6/29/01
Residence: City	Brookhaven	State	PA	Country	USA	Citizenship	US
Post Office Address							
3520 Edgewater Lane							
Post Office Address							
City	Brookhaven	State	PA	ZIP	19015	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gennady				Germaine			
Inventor's Signature	<i>M Germaine</i>			Date	06/29/01		
Residence: City	Cherry Hill	State	NJ	Country	USA	Citizenship	USA
Post Office Address	1805 Meerbrook Court						
Post Office Address							
City	Cherry Hill	State	NJ	ZIP	08003	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country	USA	Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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